MAY 0 6 2004

PRADEM

PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Complete and

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/27/2004

Sandia National Laboratories Patent & Licensing Division MS-0161

P.O. Box 5800

APPLN. TYPE

Albuquerque, NM 871 **BEST AVAILABLE COPY**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Foo(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

TRUJILLO

(Depositor's name) (Signature) (Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/036,660	12/21/2001	James H. Aubert		SD6675/S95493	3736

ISSUE FEE

TITLE OF INVENTION: METHOD OF MAKING THERMALLY REMOVABLE ADHESIVES

SMALL ENTITY

nonprovisional	NO	\$1330		\$300		S	\$1630		07/27/2004		
BXAMINER		ART UNIT		CLASS-SUBCLASS							
METZMAIER	1712	1712 528									
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						. Klavette		
. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON T	HE PATEN	T (print or	type)	C			an an assismment ba		
(A) NAME OF ASSIGNE		(В) RESIDENC	"F: (C11 A	and STATE OK	COUNTRI			ent.		
	Corporation				uerque,						
Please check the appropriate	assignee category or category	ories (will not be pr	inted on the p	oatent);	🗘 individual	A corporation of	other pri	vate group e	ntity 🖸 governmen		
a. The following fee(s) are	enclosed:	4b	. Payment of								
Selssue Fee					unt of the fee(s) is						
Publication Fee	,				☐ Payment by credit card. Form PTO-2038 is attached.						
☐ Advance Order - # of €	Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number 19-0/3/ (enclose an extra copy of this form).							any overpayment, to f this form).		
Director for Patents is reques	sted to apply the Issue Fee	and Publication Fee	(if any) or to	re-apply	any previously pa	id issue fee to th	e applicati	on identifie	d above.		
(Authorized Signature) NOTE; The Issue Fee and other than the applicant; interest as shown by the retrieval of the control of information or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the Patent and Trademark (22313-1450, DO NOT SEND TO: Commissioner Under the Paperwork Recollection of information under the page of the control of the c	a registered attorney or a cords of the United States I tion is required by 37 CFI by the public which is to y is governed by 35 U.S.C. tes to complete, including m to the USPTO. Time w the amount of time you his burden, should be sent Office, U.S. Department END FEES OR COMPL for Patents, Alexandria, Vi	sent; or the assign stent and Trademan R 1.311. The inforr file (and by the US 122 and 37 CFR 1. gathering, preparing fill vary depending require to complet to the Chief Infor of Commerce, / ETED FORMS To rginla 22313-1450.	cepted from ee or other the Office. nation is req EPTO to produce the Office to the Office the Offi	party in puried to cess) an ection is thing the dividual and/or eer, U.S. Virginia DRESS.	05/07/2004 01 FC:1501 02 FC:1504	A₩ONDAF2 00 1330. 300.	0000039 00 DA 00 DA	190131	10036660		
			MIT THIS F		TH FEE(S)						
						Total consider Offi	I 7 C D	EDADTME	NT OF COMMERCI		